## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

**Application or Docket Number** 

09736879

| CLAIMS AS FILED - PART I  |  |   |                                     |                               |                              |                                     |       |                    | ITITY                  | -  | OTHER THAN          |                        |
|---|--|---|-------------------------------------|-------------------------------|------------------------------|-------------------------------------|-------|--------------------|------------------------|----|---------------------|------------------------|
|   |  |   | (Column 1)                          |                               |                              |                                     |       | TYPE               |                        | OR | SMALL ENTITY        |                        |
| TOTAL CLAIMS  |  |   |                                     |                               | All and the second           |                                     |       | RATE               | FEE                    |    | RATE                | FEE                    |
| FOR   |  |   | NUMBER FILED                        |                               | NUMBER EXTRA                 |                                     | В     | ASIC FEE           | 355.00                 | OR | BASIC FEE           | 710.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | H6 minus 20=                        |                               | . 26                         |                                     |       | X\$ 9=             | 234                    | OR | X\$18=              |                        |
| INDEPENDENT CLAIMS  |  |   |                                     |                               | 2                            |                                     | Γ     | X40=               | 80                     | OR | X80=                |                        |
| MU  | LTIPLE DEPEN                           | DENT CLAIM P                              | RESENT                              |                               |                              |                                     |       | +135=              |                        | OR | +270=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |                                     |                               |                              | olumn 2                             | L     | TOTAL              | 669                    | OR | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II   |  |   |                                     |                               |                              |                                     |       | •                  |                        |    | OTHER               | THAN                   |
|   |  | (Column 1)                                | (Column 2)                          |                               |                              | (Column 3)                          |       | SMALL E            | ENTITY                 | OR | SMALL               | ENTITY                 |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                     | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                 | PRESENT<br>EXTRA                    |       | RATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total                                  | . 51                                      | Minus                               | **                            | 46                           | = 5                                 | L     | X\$ 9=             | 45                     | OR | X\$18=              |                        |
|   | Independent                            | TATION OF M                               | Minus                               | ***                           | <u>5</u>                     | =                                   |       | X40=               |                        | OR | X80=                |                        |
|   | THOTTHEOL                              | INTATION OF M                             | OLIN LE DEI                         | LINDLIN                       | CLANVI                       | <u> </u>                            |       | +135=              |                        | OR | +270=               |                        |
|   |  |   |                                     |                               |                              |                                     | Δ.    | TOTAL              | 45                     | OR | TOTAL<br>ADDIT. FEE |                        |
| ADDIT. FEE ( Y ) (Column 1) (Column 2) (Column 3)   |  |   |                                     |                               |                              |                                     |       |                    |                        |    | ADDII. FEE          |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                     | PREVI                         | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                    |       | RATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total                                  | *   | Minus                               | **                            |                              | = .                                 |       | X\$ 9=             |                        | OR | X\$18=              |                        |
|   | Independent                            | *   | Minus                               | ***                           |                              | =                                   |       | X40=               |                        | OR | X80=                |                        |
| L   |  | NTATION OF M                              | <del></del>                         |                               |                              | <i>I</i>                            | -     | +135=              |                        | OR | +270=               |                        |
|   | BEST AVAILABLE COPY                    |   |                                     |                               |                              |                                     | _<br> | ·TOTAL             |                        |    | TOTAL               |                        |
|   |  | (Column 1)                                |                                     | (Colu                         | mn 2)                        | (Column 3)                          | Αl    | ODIT. FEE          |                        |    | ADDIT. FEE          |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                     | HIGH<br>NUM<br>PREVI          | IEST                         | PRESENT<br>EXTRA                    |       | RATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total                                  | *   | Minus                               | **                            |                              | =                                   |       | X\$ 9=             |                        | OR | X\$18=              |                        |
|   | Independent                            | *   | Minus                               | ***                           |                              |                                     |       | X40=               |                        | OR | X80=                |                        |
| _   | FIRST PRESE                            | NTATION OF M                              | OLTIPLE DEF                         | 'ENDEN'                       | CLAIM                        |                                     | -     | +135=              |                        | OR | +270=               |                        |
| <ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."</li> </ul> |  |   |                                     |                               |                              |                                     |       | TOTAL<br>DDIT. FEE |                        | ΩË | TOTAL<br>ADDIT. FEE |                        |
| ***   | If the "Highest Nu<br>The "Highest Num | mber Previously P<br>ber Previously Pa    | aid For" IN THI<br>id For" (Total o | S SPACE<br>r Independ         | is less tha<br>lent) is the  | an 3, enter "3."<br>e highest numbe |       |                    | ropriate box           | l  |                     |                        |